

Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name, and that I believe I am the original, first and sole inventor (if only one is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention described in the application No. Not assigned entitled **Multiple Laser Treatment**.

First or Sole Inventor:	Full name:	MICHAEL BLACK	Citizenship:	U. S. A.
	Residence:	560 Trinidad Lane, Foster City, CA 94404		
	Postal Address:	same as above		

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. §119
NONE			<input type="checkbox"/> Yes <input type="checkbox"/> No

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

PRIOR U. S. APPLICATION(S)

Application No.	Filing Date	Status
NONE		<input type="checkbox"/> Provisional <input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Regular

I hereby appoint Thomas J. McFarlane, Reg. No. 39,299, Marek Albosza, Reg. No. 39,894, Katharina Wang Schuster, Reg. No. P-50,000, Ron Jacobs, Reg. No. P-50,142 as my agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to:

Marek Albosza
 45 Cabot Ave., Suite 110
 Santa Clara, CA 95051
 tel: (408) 260-7300
 fax: (408) 260-7301

The attorney docket number for this case is: **RLT-111**.

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Title 18, §1001 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR SIGNATURE(S)


 MICHAEL BLACK

12.06.01
 Date

POWER OF ATTORNEY BY ASSIGNEE

The undersigned assignee of the entire interest in the application No. Not assigned for Letters Patent for the invention entitled:

Multiple Laser Treatment

by virtue of Assignment recorded concurrently herewith hereby appoints Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894, Katharina Wang Schuster, Reg. No. P-50,000, Ron Jacobs, Reg. No. P-50,142 as its agents to prosecute the attached application and to transact all business in the Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor(s) and their attorney(s) in accordance with the provisions of Rule 32 of the Patent Office Rules of Practice.

Please direct all communication relative to said application to the following correspondence address:

Marek Alboszta
Lumen
45 Cabot Ave., Suite 110
Santa Clara, CA 95051
tel: (408) 260-7300
fax: (408) 260-7301

I am duly authorized to sign this instrument on behalf of assignee corporation. I hereby declare that, to the best of my knowledge and belief, title is in the assignee herein, and I affirm review of the Assignment document concurrently submitted and believe that the attached application has been assigned to assignee herein and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s).

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNEE:

Reliant Technologies, Inc.
1185 Chess Drive, Suite C
Foster City, CA 94404

Official Authorized to Act on Behalf of Assignee:

Signature: _____

Name: _____

Title: _____

Michael Black

MICHAEL BLACK

VP OF R&D & CIO

12.06.01
Date